



**Waste Management Division**

## Active Landfill Inspection Report

I. GENERAL INFORMATION	
Facility name:	
Permittee name:	
Permit number:	
Location:	
Permit type: <input type="checkbox"/> Standard <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____	
Facility Type: <input type="checkbox"/> Municipal <input type="checkbox"/> Commercial <input type="checkbox"/> Private	
Liner system: <input type="checkbox"/> Unlined <input type="checkbox"/> Single <input type="checkbox"/> Double If lined - <input type="checkbox"/> Clay <input type="checkbox"/> Synthetic <input type="checkbox"/> Composite	
Date of Inspection:	
Time of Inspection:	
Nature of Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Requested <input type="checkbox"/> Complaint	
Inspector:	
Facility contact:	
Permittee annually communicates with host solid waste district? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
(1)	Administrative Order outstanding from NHDES to landfill permit holder: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Administrative Order(s) identification number(s):
(3)	Date(s) Administrative Order(s) issued:
(4)	Status of compliance with Administrative Order(s):
II. PERMITTED SYSTEMS	
(1)	Leachate collection system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> off-site disposal <input type="checkbox"/> re-circulated <input type="checkbox"/> Tanks <input type="checkbox"/> detention ponds <input type="checkbox"/> direct connection to WWTP <input type="checkbox"/> on-site treatment
(2)	Leak detection system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Groundwater and surface water monitoring system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Storm water management system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	Decomposition gas control system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Gas monitoring system: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(8)	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(9)	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
III. OPERATIONS – WORKING FACE	
(1)	The working face is confined to the smallest practicable area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(2)	Is waste being placed in a controlled manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Waste lift thickness/compaction meets approved Operating Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	The first lift of waste in a new cell is free of objects that might damage the liner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	Cover material appears to be applied on a daily basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Daily cover consist of the following material(s)? <input type="checkbox"/> natural soil <input type="checkbox"/> plastic sheeting <input type="checkbox"/> approved alternative: .	
(6)	Vector control?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	Are there separate areas for residential and commercial disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(8)	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>IV. OPERATIONS – LEACHATE MANAGEMENT</b>		
(1)	The permittee maintains 2 locations for leachate treatment/disposal or at least one location if the facility is directly connected to a permitted wastewater treatment facility. Location 1: _____ Location 2: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Facility operators remove leachate on a schedule that assures available storage capacity for a: a. 25 year storm event b. 100 year storm event	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Permittee maintains records of hydraulic head on the liner system during routine facility operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Permittee maintains records of leachate transported off site for treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	Permittee maintains records of inspections and maintenance activities of the leachate system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Side slopes are graded to minimize generation of leachate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(8)	Other:	
<b>V. OPERATIONS – GAS MANAGEMENT</b>		
(1)	Permittee maintains an active gas management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Landfill gas vents are functioning properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Landfill gas vents are located per approved design plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Soil gas probes have been installed and are functioning properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Landfill gas readings are measured no less than quarterly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Have there been any changes on abutting properties that would require installation of additional soil gas probes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	The permittee maintains records of repairs, upgrades, and monitoring results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>VI. OPERATIONS – UNIVERSAL</b>		
(1)	The facility accepts only wastes specified in the permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Waste is placed in a controlled manner and only within approved limits of the landfill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Additional compaction, spreading and covering equipment is available per the Operating Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	The facility is operated in a manner that allows for the safe passage of vehicles on any public road leading to and from the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Do facility operators regularly inspect the waste received?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Is there separate on-site access for passenger vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	The facility is operated in a manner that minimizes? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/>	

	<input type="checkbox"/> vectors <input type="checkbox"/> litter <input type="checkbox"/> leachate generation <input type="checkbox"/> odors <input type="checkbox"/> dust <input type="checkbox"/> fire hazards <input type="checkbox"/> noise <input type="checkbox"/> nuisances <input type="checkbox"/> spills
(6)	Permittee incorporates features to minimize adverse impacts, if any, to surrounding properties: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Feature types: <input type="checkbox"/> stockade fencing <input type="checkbox"/> earthen berms <input type="checkbox"/> litter fencing <input type="checkbox"/> dust control <input type="checkbox"/> other: _____
(7)	The storm water management system effectively controls: [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> run-on <input type="checkbox"/> run-off <input type="checkbox"/> leachate generation <input type="checkbox"/> erosion <input type="checkbox"/> siltation <input type="checkbox"/> flooding
(8)	Are the roads and access ways suitable for residential, light commercial and bulk transport vehicles? [Yes <input checked="" type="checkbox"/> ; N/A <input type="checkbox"/> <input type="checkbox"/> residential <input type="checkbox"/> light commercial <input checked="" type="checkbox"/> bulk transporters
(9)	Equipment used appears to be properly maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(10)	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(11)	Other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>VII. OPERATOR REQUIREMENTS</b>	
(1)	For every 1 to 5 operators, there is at least one supervisor who shall be certified as a Level III or IV? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	During the hours of operation, at least 50% of the on-site personnel directly involved with the management of solid waste shall be operators certified by issued certification. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Current operator certification certificates, obtained pursuant to the provisions of Env-Wm 3300, are prominently displayed at the facility. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Are operator certifications posted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Other:
(5)	Other:
<b>VIII. REPORTING/RECORDKEEPING</b>	
(1)	Does the permittee maintain a copy of the most recently approved Operating Plan at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Does the permittee maintain a copy of the most recently approved Closure Plan at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	Have there been reportable incidents at the facility in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> slip/trip/fall <input type="checkbox"/> spill <input type="checkbox"/> fire <input type="checkbox"/> other: _____
(4)	Does the facility have a scale? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, how is volume or weight determined? _____
(5)	Have there been any complaints made by abutters or others involving operations having the potential to adversely effect human health, safety or the environment or which involve a recurring or persistent nuisance situation ? [Yes = <input type="checkbox"/> ; No = <input checked="" type="checkbox"/> <input type="checkbox"/> vectors <input type="checkbox"/> litter <input type="checkbox"/> odors <input type="checkbox"/> dust <input type="checkbox"/> fire hazards <input type="checkbox"/> noise <input type="checkbox"/> nuisances <input type="checkbox"/> spills
(6)	Does the permittee maintain records of out-of-state waste disposed at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	Does the permittee maintain records on the quantity, type and destination for the following? [Yes = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> ; N/A <input type="checkbox"/> <input checked="" type="checkbox"/> all wastes received –
(8)	Permittee maintains records of all inspections and maintenance activities for the following systems? [Yes <input checked="" type="checkbox"/> ; No <input type="checkbox"/> ; N/A <input type="checkbox"/> <input checked="" type="checkbox"/> storm water <input checked="" type="checkbox"/> ground/surface water <input checked="" type="checkbox"/> leachate <input checked="" type="checkbox"/> gas
(8)	Permittee has filed the annual facility report for the prior calendar year. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(9)	The permittee has filed groundwater and surface water monitoring reports. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(10)	The permittee has filed solid waste reports in accordance with its permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(11)	Other:	
(12)	Other:	

### IX. ACCESS CONTROL

(1)	Is the facility's perimeter fenced and/or do natural features restrict unauthorized access to the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(2)	Are weather resistant signs prohibiting unauthorized access posted around the perimeter site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	The lawful access points to the facility are secured by locked gates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Other:	
(5)	Other:	

### X. SIGNS AND POSTINGS

(1)	Are legible signs posted at the facility's entrance? [Information provided = <input checked="" type="checkbox"/> ; No = <input type="checkbox"/> <input type="checkbox"/> Name <input type="checkbox"/> Permit # <input type="checkbox"/> Phone # <input type="checkbox"/> Permittee Address <input type="checkbox"/> Facility Hours <input type="checkbox"/> Waste types <input type="checkbox"/> Unlawful Dumping Statement	
(2)	Is a copy of the permit maintained at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3)	Is a copy of the authorization page of the permit prominently displayed at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4)	Other:	
(5)	Other:	

### XI. MANAGEMENT OF CERTAIN WASTES

(1)	The facility is authorized to accept the following waste types? [Yes= <input checked="" type="checkbox"/> ; No= <input type="checkbox"/> <input type="checkbox"/> Asbestos <input type="checkbox"/> Ash <input type="checkbox"/> Contaminated Soil & Media <input type="checkbox"/> Infectious Wastes <input type="checkbox"/> Tires <input type="checkbox"/> Other: _____	
(2)	Asbestos wastes are properly managed by either: a. certified on-site operators <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> b. if by on-site operators [permittee maintain records of operator certifications & equipment used?] <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> c. certified off-site contractors <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span>	
(3)	Permittee maintains records of all asbestos projects, disposal areas, waste volumes & depth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Permittee maintains area for hot load inspection and segregation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(5)	Contaminated soil & media is tested & stockpiled per Permit/approved Operating Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(6)	All regulated medical wastes are treated prior to arrival at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(7)	All tires are quartered, shredded, or split prior to disposal at the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(8)	Other:	
(9)	Other:	

### XII. FINANCIAL ASSURANCE

(1)	The Permittee has an approved financial assurance plan. [Env-Wm 3103.01(a)] <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</span> Financial Assurance Mechanism: <input type="checkbox"/> Irrevocable letter of credit <input type="checkbox"/> Insurance policy <input type="checkbox"/> Surety bond <input type="checkbox"/> Trust fund <input type="checkbox"/> Binding commitment for SRF loan <input type="checkbox"/> Other: _____ <input type="checkbox"/> Local govt. financial test <input type="checkbox"/> Local govt. guarantee	
(2)	The Permittee has submitted the annual update of the facility's closure cost.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(3)	The financial assurance mechanism is consistent with the most current closure cost estimate.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
(4)	Other:	

### XIII. NOTES/COMMENTS
